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TO: Supervisor Zev Yaroslavsky

FROM: Bruce A. Chernof, M.D.
Acting Director and Chief Medical Officer

John R. Cochran for BC

SUBJECT: **LAC+USC REPLACEMENT FACILITY STATUS**

You recently asked for an update on the LAC+USC Construction project and other activities related to either the new building or the planning to the move into the new building, based on my recent article in our DHS newsletter "The Vital Few" where I referenced that there were many decisions that needed to be made.

The following are the major areas of activity related to moving to the replacement facility.

- Construction
  - The construction is 80.2% complete. The anticipated completion date is April 26, 2007. The capital project budget is on Attachment A.

- Change Orders
  - Six change orders have been initiated by DHS since construction began and approved by the Board. They are listed on Attachment B.

- Clinical Redesign and Project Teams
  - There is a Steering Committee; five redesign teams and eight clinical support project teams. A brief description for each is on Attachment C. This activity is being driven by the need to adapt our clinical programs and services to the 600 bed footprint of the new building, as well as rethinking the way we deliver outpatient services.

- Move Transition Committee
  - There is a Steering Committee and five subcommittees to plan and execute the move to the replacement facility. The anticipated opening date is currently targeted for November 10, 2007. These are listed on Attachment D.

- Campus Master Plan
  - Hamilton Klow and Associates (HKA) have been engaged to provide the deliverables on Attachment E. The Master Plan activity has only recently begun, and it will take several months to generate preliminary plans which then will be reviewed in detail by the Department, CAO and other county departments prior to developing a draft plan for the campus.

- Information Technology:
  - The current hospital operates many vital information systems that support patient services. Concurrently with the planning for the move and clinical redesign, we have an information technology planning group that has identified all of the systems needed to operate the new building. There are 36 major IT systems that will be moved as is, moved with modifications needed for the new building or will be added components to current systems. We are currently identifying the timeline to have each one of these systems complete and operational well in advance of the move. DHS and the County CIO are providing project management and staffing support to the hospital to supplement their own staff. We have also asked the hospital planning teams to not request additional new IT systems that are not absolutely essential to the opening and operation of the new facility. There is a substantial budget for IT and we expect to remain well within it.

- Hospital-Initiated Changes:
  - *Conversion of 24 inpatient psychiatric beds to 24 medical/surgical beds*
    The Harris-Rodde Settlement stipulated 600 beds at the replacement facility and 50 psychiatric beds off-site. In determining the most appropriate manner to which to comply with the settlement, DHS considered the impact of various options on patient throughput to utilize the new facility to its maximum potential. The greatest need is for medical beds; therefore, we are recommending that the psychiatric beds be converted to medical/surgical beds. DHS and DPW are currently working on a Board letter to obtain approval to separate this unit from the current capital project. The construction will be bid out as a new capital project, and construction will commence once the current contractor has completed their work. As a part of this upcoming Board letter, the most current DPW cost estimate for this change will be included.

  - *Signage*
    In the current design the room numbers reflected in the signage program are the architectural room numbers which are based on a two-dimensional grid pattern on the plans for use by the architects. As they disregard corridors and departmental perimeters, they are wholly inappropriate for wayfinding by patients and visitors. Since wayfinding is critical in any hospital, but even more problematic in one as large as this replacement facility, LAC+USC staff have re-numbered all of the rooms so that patients will be able to find where they need to go. In addition, a sixth digit was added to signify which of the three buildings they may be in, since they could inadvertently be as far as two buildings away. A Board letter is in draft to obtain approval to implement this wayfinding numbering system, via changes to the signage program

Conceptual project:

- *Shriner's Hospital*
  Representatives of the Shriner's Hospital for Children, currently operating a 60 bed hospital in Los Angeles, approached LAC-USC about the potential for rebuilding their 60 bed hospital on the LAC-USC Campus. They have to rebuild as a result of State seismic safety requirements. Because their patients utilize many sophisticated physician specialists, they locate many of their hospitals on the grounds of university teaching or tertiary hospitals. There would be no DHS programs or services located in their building. They are at the very beginning of their search for a location and this project would take many years to come to fruition. No formal request has been received. The Shriner's National Board is considering whether to pursue this concept. Before any action is taken on this concept, a request from their organization would have to come to the CAO and your Board for consideration.

Please call me if you have any questions or need more information.

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Attachments

c: Supervisor Gloria Molina
Supervisor Yvonne B. Burke
Supervisor Don Knabe
Supervisor Michael D. Antonovich

ATTACHMENT A

LAC+USC MEDICAL CENTER REPLACEMENT FACILITY
REVISED PROJECT BUDGET
Spec. 6550 (C.P. No. 70787)

Land Acquisition and Make Ready	$ 22, 050,000
Construction	567,016,912
Equipment	82,257,597
Architectural Services	49,943,491
Consultants and Vendor Services	72,498,000
Permits and Fees	9,186,000
County Services	20,334,000
TOTAL	$823,286,000

ATTACHMENT B

LAC+USC MEDICAL CENTER REPLACEMENT FACILITY
DHS REQUESTED SCOPE CHANGES

Date Board Approved	Description	Funding from Project Contingency	Funding from LAC+USC Medical Center Operating Budget	Total
6/3/2003	Linear Accelerator	$ 818,345	$ 0	$ 818,345
6/15/2004	PET/CT Scanner	704, 231	0	704,231
2/1/2005	Surgical Lights/Gas Columns	352,269	0	352,269
10/11/2005	Wireless Infrastructure/ Computer Room	0	1,408,000	1,408,000
12/20/2005	Core Laboratory Redesign	400,000	700,000	1,100,000
2/28/2006	USP 797 Pharmacy Changes	0	620,000	620,000
	TOTAL	$2,274,845	$2,728,000	$5,002,845

ATTACHMENT C

LAC+USC MEDICAL CENTER REPLACEMENT FACILITY
CLINICAL PLANNING STEERING COMMITTEE

The Steering Committee is responsible for overseeing and monitoring the progress of the process redesign and clinical support project teams.

PROCESS REDESIGN

Responsibilities: To radically redesign the five major processes (Inpatient Throughput, Outpatient Flow, Emergency Room, Radiology and Perioperative Services) in order to bring about dramatic improvements in performance and to plan the patient flow in the replacement facility.

Following are Process Redesign Committees and related responsibilities:

1. Inpatient Throughput - Reduce average length of stay and expedite discharge process.
2. Outpatient Flow - Expedite outpatient flow & improve access to scheduled outpatient services. Develop clinic space assignment in the replacement facility.
3. ER Redesign - Expedite patient flow and access, reduce number of patients leaving before being seen, ED diversion and cycle time.
4. Perioperative Services - Improve the efficiency of the operating rooms, reduce the time operating rooms, reduce the time patients wait for surgery, improve throughput.
5. Ancillary (Radiology) – Reduce turnaround time for diagnostic procedures.

CLINICAL SUPPORT PROJECTS

In support of the above-mentioned main redesign activities, LAC+USC Healthcare Network is actively working with internal and external entities on the following clinical projects to reduce length of stay and improve throughput:

1. Observation Unit -Reduce denied one day admits
2. Urgent Access & Diagnostic Center- Harris-Rodde Settlement - De-crowd Emergency Room and reduce length of stay through a front-end medical screening process and referral to a newly established outpatient service.
3. Medical Short Stay Unit – Cohort patients who require a 48-hour length of stay in a protocol driven environment.
4. Hospitalist Program - Reduce length of stay by utilizing protocols established by physicians who specialize in Inpatient care.
5. Service Allocation - Develop inpatient bed allocation.
6. Palliative Care – Reduce length of stay for Hospice patients by establishing end of life program and placing patients in a more appropriate environment.
7. Lower Level of Care - In collaboration with DHS, address skilled nursing services required for inpatients to reduce length of stay.
8. Jail Service - In collaboration with DHS and Sheriff Department, deliver ambulatory care services to this patient population in an alternate location due to lack of accommodation in the new facility.

ATTACHMENT D

LAC+USC MEDICAL CENTER REPLACEMENT FACILITY
MOVE TRANSITION

The move transition committees are responsible for planning and executing all aspects of the move to the replacement facility.

Following are move transition committees:

1. Steering Committee
   Oversee progress of move transition committees

2. Patient Care Subcommittee
   Coordinate patient move, develop patient move assumptions and mock moves.

3. Support Services Subcommittee
   Coordinate support services and logistics for the replacement facility, including supplies, linen, dietary, drugs, equipment and furniture, security, plant operation, signage, parking, contractor management, dock management, etc.

4. IS / Telecommunication Subcommittee
   Coordinate implementation of information systems, telecommunication and paging systems, other low voltage systems, and all the related technology changes necessary for the move

5. Marketing / Communications Subcommittee
   Coordinate all media, internal and external communication activities, opening events and develop related marketing materials.

6. Orientation Subcommittee
   Coordinate training, change management and general orientation activities for all levels of staff, volunteers, physicians, and develop training materials.

ATTACHMENT E

LAC+USC MEDICAL CENTER REPLACEMENT FACILITY
CAMPUS MASTER PLAN

The following are the deliverables related to the plan:

1. Strategic Facilities Plan
   Establish an overall direction for facilities and site development; set priorities to address short term facilities need and build a consensus about longer-term development of the LAC+USC Medical Center campus.

2. Facilities and Site Assessment
   Identify constraints or limitations of site and existing buildings potential cost of re-use, and functional efficiency.

3. Facility Space Use Plan
   Develop an occupancy plan for all remaining occupied buildings on campus. Develop a departmental space program for each department and function outside the replacement facility.

4. Vehicle, Pedestrian Circulations and Parking Plan
   Provide a plan describing circulation around campus, public access to campus, vehicle and pedestrian movement within the campus, emergency and service access, and proposed parking resources.

5. Historic Preservation Plan
   Provide a plan indicating historic buildings, and prioritize conservation of same, including potential re-use of General Hospital.

6. Land Use Plan
   Provide a plan indicating proposed building sites and zones for business, education or research.

7. Composite Campus Master Plan
   Prepare a plan that integrates the entire major issues and provides design direction for future development of the campus.